

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/> 12694	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2004
3. Name and address of person filing. Name <input type="text"/> Daniel <input type="text"/> L Harmon P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 938 W 51st Street City <input type="text"/> Erie State <input type="text"/> Pennsylvania ZIP Code + 4 <input type="text"/> 16509	4. Name, file number, and address of labor organization. Name <input type="text"/> Plumbers and Steamfitters Local Union #47 Labor Organization File Number <input type="text"/> 021-026 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 186 Wagner Road City <input type="text"/> Monaca State <input type="text"/> Pennsylvania ZIP Code + 4 <input type="text"/> 15061
5. Position in labor organization. <input type="text"/> Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <input type="text"/> Daniel L Harmon	On <input type="text"/> 07/06/2005 Date	<input type="text"/> 724-775-2578 Telephone Number

Name of Person Filing Daniel Harmon

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name GEM GROUP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1200 #3 Gateway Center

City Pittsburgh

State PA ZIP Code + 4 15222-5522

14.a. Nature of payment.

February 20, 2004
Hockey Tickets

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$110.00